



Flathead County

Planning & Zoning
1035 1st Ave W, Kalispell, MT 59901
Telephone: (406) 751-8200
Fax: (406) 751-8210

CONDITIONAL USE PERMIT APPLICATION

Submit this application, all required information, and appropriate fee (see current fee schedule) to the Planning & Zoning office at the address listed above.



PROPOSED USE (as described in the Flathead County Zoning Regulations):

SEC. 410 EXTRACTIVE INDUSTRIES
A TEMPORARY MINING OF 5'-6" OF TOPSOIL

OWNER(S) OF RECORD:

Name: JOSEPH H. ESLICK Phone: 837-4729
Mailing Address: 7645 MT. HWY 35
City, State, Zip Code: BIGFORK, MT. 59911
Email: _____

PERSON(S) AUTHORIZED TO REPRESENT THE OWNER(S) AND TO WHOM ALL CORRESPONDENCE IS TO BE SENT:

Name: PAUL ESLICK PROJECT CONTRACTOR Phone: 837-4870 / 250-0151
Mailing Address: 300 SWAN HWY
City, State, Zip Code: BIGFORK, MT. 59911
Email: _____

LEGAL DESCRIPTION OF PROPERTY (Refer to Property Records):

Street Address: 7645 MT HWY 35 ^{SE 4 NW 4} S 24 T 27 N R 20 W
Subdivision Name: _____ Tract No(s). 5 Lot No(s). _____ Block No. _____
^{SW 4 NE 4}

1. Zoning District and Zoning Classification in which use is proposed:

BIGFORK NEIGHBORHOOD PLAN ZONING DISTRICT
PARCEL IS ZONED SAC 10

2. Attach a plan that includes drawings & texts of the affected lot and how the following items correspond to it:

A. Site Suitability.

The site is suitable for the use. This includes:

- (1) adequate usable space
- (2) adequate access
- (3) absence of environmental constraints

PAVED HWY 35 ACCESS
DIRECTLY ONTO SITE
NO EXISTING CONSTRAINTS

B. Appropriateness of Design.

The site plan for the proposed use will provide the most convenient and functional use of lot. Consideration of design should include:

- (1) parking scheme
- (2) traffic circulation
- (3) open space
- (4) fencing, screening
- (5) landscaping
- (6) signage
- (7) lighting

NA

C. Availability of Public Services and Facilities

The following services and facilities are to be available and adequate to serve the needs of the use as designed and proposed:

- (1) sewer
- (2) water
- (3) storm water drainage
- (4) fire protection
- (5) police protection
- (6) streets

NA

D. Immediate Neighborhood Impact

The proposed use will not be detrimental to surrounding neighborhoods in general. Typical negative impacts which extend beyond the proposed site include:

- (1) excessive traffic generation
- (2) noise or vibration
- (3) dust, glare or heat
- (4) smoke, fumes, gas, or odors
- (5) inappropriate hours of operation

NONE

3. The following proposed uses shall meet additional requirements as outlined in the Flathead County Zoning Regulations and require consultation with a staff planner PRIOR to application submittal:

- 4.01 Animal Hospitals, Kennels, Animal Shelters, Veterinary Clinics
- 4.02 Bed and Breakfast Establishments/Boarding Houses
- 4.03 Camp or Retreat Center
- 4.04 Caretaker's Facility in AG, SAG, and R-1 Districts
- 4.05 Cluster Housing Development in Residential Districts
- 4.06 Commercial Caretaker's Facility in B-2, B-3, I-1, I-1H, and I-2 Districts
- 4.07 Contractors Storage Yard in AG and SAG Districts
- 4.08 Day Care Centers- 13 or More Individuals
- 4.09 Electrical Distribution Stations
- 4.10 Extractive Industries
- 4.11 Family Hardship Dwellings
- 4.12 Manufactured Home Parks
- 4.13 Mini-Storage, Recreational Vehicle Storage
- 4.14 Motor Coach Subdivisions
- 4.15 Recreational Facilities (see also 7.17.040)
- 4.16 Temporary Uses

Consultation with Planner:

Date 3/1/2010

Planner's Signature

Diana M. Bradley

MAR 1 2010

INSTRUCTIONS FOR CONDITIONAL USE PERMIT APPLICATION:

1. Answer all questions. Answers should be clear and contain all the necessary information.
2. In answering question 1, refer to the classification system in the Zoning Regulations.
3. In answering questions 2 and 3, be specific and complete. Please use a separate sheet of paper to discuss the appropriate topics.
4. Copy of plot plan/site plan must be submitted with each application, with all existing or proposed structures shown, and distances from each other and from the property line. *If you are submitting a plan larger than 11x17 in size, please include 7 copies.*
5. A **Certified** Adjoining Property Owners List must be submitted with the application (*see forms below*). The list will be sent directly to the Planning & Zoning office, unless you request otherwise. This list is valid for a period of 6 months from date generated. You may also get a certified adjoining landowners list from a title company if you choose.

I hereby certify under penalty of perjury and the laws of the State of Montana that the information submitted herein, on all other submitted forms, documents, plans or any other information submitted as a part of this application, to be true, complete, and accurate to the best of my knowledge. Should any information or representation submitted in connection with this application be incorrect or untrue, I understand that any approval based thereon may be rescinded and other appropriate action taken. The signing of this application signifies approval for the Flathead County Planning & Zoning staff to be present on the property for routine monitoring and inspection during the approval and development process.

Paul M. Eslick
Applicant Signature

MAR 1 2010
Date

MAR 1 2010